RISIS
RESEARCH INFRASTRUCTURE FOR SCIENCE AND INNOVATION POLICY STUDIES

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RISIS2 COURSE TYPE

TITLE

Venue and date

APPLICATION FORM

Title

Name Family Name

Gender

Address

Town Country

Date of birth

Tel Fax

E-mail address

Name of the organization

Country of the organization

RISIS2 partner yes no

Position *(choose an option)* (IF OTHER) Specificate:

Knowledge of Basic Intermediate Advanced

Why do you want to attend the course? (main motivations)

Save the document and send to

Attach an updated personal CV